

TI Management of ribavirin treatment in renal insufficiency and dialysis.
 SO Journal of the American Society of Nephrology, (September, 2000) Vol. 11,
 No. Program and Abstract Issue, pp. 57A. <http://www.jasn.org/>. print.
 Meeting Info.: 33rd Annual Meeting of the American Society of Nephrology
 and the 2000 Renal Week Toronto, Ontario, Canada October 10-16, 2000
 ISSN: 1046-6673.

AU Bruchfeld, Annette (1); Stahle, Lars; Schvarcz, Robert;
 Andersson, Jan

AB Background: Standard therapy for chronic hepatitis C (HCV) is
 interferon-alfa and ribavirin for 6-12 months, but ribavirin is
 contraindicated in renal insufficiency due to fear of side-effects. Aim:
 To study if ribavirin can be added to interferon-alfa when treating
 dialysis patients as well as renal insufficient patients with HCV.
 Material and methods: 5 dialysis patients with HCV, all genotype 1, were
 treated for 4 weeks with interferon-alfa-2b 3 MU thrice weekly whereafter
 ribavirin at a low dose was added for a total treatment of 28 weeks. 3
 other patients, 1 HCV related glomerulonephritis and 2 kidney
 transplanted
 patients were treated with ribavirin monotherapy, creatinine clearance
 varying from 10-30 ml/min. Ribavirin plasma concentration was monitored
 with a HPLC method. Results: 3 dialysis patients completed the treatment,
 1 terminated treatment due to interferon side-effects, 1 developed heart
 failure and died after 14 weeks of treatment, but this was not considered
 treatment related. 2 monotherapy patients have been treated for 9-18
 months, whereas 1 stopped due to compliance problems. Initially ribavirin
 doses were frequently adjusted according to plasma concentration. The
 dialysis group reached steady-state with average daily doses of 170-300
 mg
 ribavirin; the other patients with 200-600 mg. Ribavirin induced anemia
 was managed with low-dose iron as well as erythropoietin, in dialysis
 patients 20000-30000 IU/week, in renal insufficiency 4000-8000 IU. 4/5
 dialysis patients became HCV-RNA negative during treatment but relapsed
 post-treatment. Conclusion: The results indicate that ribavirin can be
 used in renal insufficiency and dialysis. However, this requires reduced
 ribavirin doses as well as close monitoring of ribavirin concentrations.
 Ribavirin induced anemia can be managed with erythropoietin.

=>